

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

Smith #136527 **COMPLAINT**

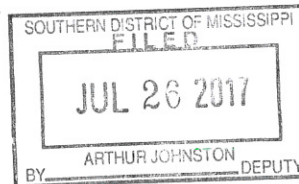
(Last Name) (Identification Number)

Torey Cortez  
 (First Name) (Middle Name)

Emcf  
 (Institution)

10641 Hwy 80 West Meridian MS 39307  
 (Address)

(Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



v.

CIVIL ACTION NUMBER: 3:17cv 629-CAR-FKB

(to be completed by the Court)

Management And Training Corporation

MISSISSIPPI DEPARTMENT OF CORRECTIONS

STATE OF MISSISSIPPI

Sergeant Lisa Everett ET AL

(Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ☒ No ( )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Smith v. Martin ET AL

2. Court (if federal court, name the district; if state court, name the county): Southern District of Mississippi

3. Docket Number: 3:17-cv-00574-HYW-LRA

4. Name of judge to whom case was assigned: Magistrate Judge Linda R. Anderson

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): It's a stay order

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Torey Cortez Smith Prisoner Number: 136524  
 Address: 10641 Hwy 80 West  
Meridian MS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Lisa Everett is employed as  
Sergeant at East Mississippi  
Correctional Facility

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Torey Cortez Smith ADDRESS: 10641 Hwy 80 West Meridian MS 39307

## DEFENDANT(S):

NAME: Management And Training Corporation ADDRESS: 10641 Hwy 80 West Meridian MS 39307

Mississippi Department of Correction 723 North State St Jackson MS 39202

Sergeant Lisa Everett 10641 Hwy 80 West Meridian MS 39307

Sergeant Treylor 10641 Hwy 80 West Meridian MS 39307

State of Mississippi

Jane And John Does Unknown At This Time

East Mississippi Correctional Facility 10641 Hwy 80 West Meridian MS 39307

### GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes ( ) No (☒)
- B. Are you presently incarcerated for a parole or probation violation?  
Yes (☒) No ( )
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes (☒) No ( )
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes (☒) No ( )
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes (☒) No ( ), if so, state the results of the procedure: It was denied Because it stated Retire  
for which MDOC could Bring
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes ( ) No ( )
  2. State how your claims were presented (written request, verbal request, request for forms): Written,  
Verbal, Administrative Remedy
  3. State the date your claims were presented: 6/08/17 6/02/2017 6/09/2017
  4. State the result of the procedure: They Fail To Address



## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

On 5/15/2017 approx 15:05pm I WAS on Housing unit 1B Bravo when A Officer Allowed A Inmate who WAS Removed From The Housing unit 1B Bravo Enter The Zone Doing This Inmate Being on The Zone He Threatening me saying you need to go Tell them people some because I want to do you some harm well I quickly startin hitting the window that's when unknown officer open the door when the inmate Exit The Zone that's when He Punched me in my face then Ran Back onto The Zone Pulled A Live object out tryin charge towards me I yelled gettin the other officer Attn. While Being At MDOC I WAS Told I Had A chronic Health matter Doing my Attempts in tryin to get treated they Have Refuse to treat me for it my Entire stay While Being on Housing unit 1B Bravo I WAS tryin to get more because I WAS tryin to Avoid A Problem A Inmate WAS thrown me That's when sergeant Teyler Throw me onto the ground saying you Aint more

**RELIEF**

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Declaratory, monetary Relief, Punitive damages, Injunctive Relief

Whatever this court deems necessary,

And pay for ongoing treatment further pay all court cost for this Action monetary damages for 1 million dollars

Nominal Damages, Compensatory, special damages Excessive Damages, Exemplary or Punitive for 1 million

Signed this 20 day of June, 20 17.

Torey Cortez Smith #136527

10641 Hwy 80 West Meridian MS 39307

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

6/20/2017  
(Date)

Torey C. Smith  
Signature of plaintiff

Then As I Ask For The Shift Supervisor He Refused To Call Him I WAS Taken To Medical When This Sergeant Teylor Heard me Tell The nurse He Then stated to me I'm Writing You A Ruk For Refusing Housing At Which Time I WADN'T I WAS Found Guilty on 6/4/2017 I Appeal It Shortly After While Being on Housing Unit 6A There IS A Sergeant Who Has Made Jokes About my sex, Threats me very Badly who say I Hate Your Kind I've Brought These matters Before A Administrative Review Shortly days Later That's When Warden Hogan Called me UP To his Office Advised me He would Address The Issue Day Later That's When Sergeant Lisa Everett Came on the Zone sayin I don't Have nothing For You I'm going get you she repeatedly says My son Isn't like You This keeps happen Daily When This Personal comes In contact With me I Filed letters To mdoc Homes office Aswell Mangement & Training Corporation They Have fail To Remedy's These Violations Which LEAVES me noother choice But To File This Lawsuit

This IS The Add on To The Statement of CLAIM While tryin To get moved That's When Lt. Brown whom work on Trup moing cused me In Threatening To pepper spray me